

## APPLICATION FOR BOARD MEMBERSHIP OF

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**DIRECTIONS:** Type or print clearly. Use blue or black ink. Submit application by

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Bamberg County Voter's Registration Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

If retired, name of past occupation and organization: \_\_\_\_\_

\_\_\_\_\_

Education: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you presently serving on a board or commission in which Bamberg County Council or another governmental official appointed you OR are you currently serving as an elected official? (Check one.)

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list position and organization or governmental body: \_\_\_\_\_

Are you related to anyone in the organization in which you are requesting appointment? (Check one.)

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who and what relationship are you? \_\_\_\_\_

Affiliations, Organizations: \_\_\_\_\_

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Interests: \_\_\_\_\_

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Reason(s) for wanting to become a member of this board/commission/council/committee:

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Additional comments: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed application to:

**Bamberg County Courthouse  
Attn: Rose R. Shepherd  
Post Office Box 149  
Bamberg, SC 29042**